



**CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES**

**24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990**

**BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
THOMAS J. DURKIN III
LEIGH ANN MANSBERGER, M.D, MPH**

**SHARON A. CAMERON
DIRECTOR**

**APPLICATION FOR LICENSE TO
OPERATE MANUFACTURED HOUSING COMMUNITY**

**Fee \$100.00 (One Hundred Dollars)
Payable to the "City of Peabody" by December 1st**

- New
- Renewal

Name of Community: _____

Address: _____

Total number of units: _____

Which units are connected to a cesspool or septic system?

Please list the lot numbers assigned to the units to be operated by the owner or leasee:

Name, address, and phone of Board of Directors or owners:

Manager Name: _____

Address: _____ email: _____

Day Phone Number: _____ Emergency Phone Number: _____

I further agree if the license is granted to me, to abide by all rules and regulations which the Peabody Board of Health may have, adopt, or revise.

Signature of owner or corporate officer

Date

RENEWAL APPLICATION MUST BE SUBMITTED BY DECEMBER 1ST

PLEASE SUBMIT A LIST OF ALL OWNERS FOR EACH UNIT WITH THIS APPLICATION



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Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

Social Security # or Federal Identification #

Signature of Individual or Corporate Name

Date

Corporate Officer (if applicable)

Compliance with Massachusetts General Laws, c. 140 section 32L(5) is required.

The copy of park rules and regulations on file with the Board of Health is dated: _____

If park rules and regulations have been revised since that date, please submit a complete revised set of rules along with this application. You must also certify that any revised rules were submitted for review to the Attorney General's Office and the Mass. Department of Housing and Community Development at least 60 days prior to the effective date of the rule changes, and that those agencies did not object to any portion thereof.

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Manager

Date

I certify that no changes to the part rules and regulations have been made since the last permitting period. The park rules currently in effect have been in effect since _____ and these rules were submitted to the Attorney General's Office and the Mass. Department of Housing and Community Development at least 60 days prior to their effective date, and those agencies did not object to any portion thereof.

Manager

Date

Application received date: _____

Fee received: _____ Date: _____

Rules on file: _____

AG and DHCD response: _____

Approved by: _____

Date: _____